

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 4:</b> Assessment	<b>Effective Date:</b> October 1, 2012
	<b>Section 13:</b> Assessing Home Conditions	<b>Version:</b> 3

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) will conduct an assessment of the home of an alleged child victim if:

1. The alleged Child Abuse and/or Neglect (CA/N) occurred in the child’s home; and
2. During the course of the assessment, concerns about the condition of the home and its impact on child safety and well-being arise.

**[REVISED]** If a home visit is completed, DCS will assess the home to determine if any conditions exist that support CA/N allegations and/or raise additional concerns about the safety and well-being of the alleged child victim and any other children living in the home. A visit or visits to the home to conduct an assessment may be announced or unannounced.

DCS will seek a court order and assistance from a Law Enforcement Agency (LEA) when it is necessary to conduct an assessment of a home if access is denied.

See Practice Guidance for a list of indicators of domestic violence.

Code References

[IC 34-6-2-34.5: Domestic or family violence](#)

**PROCEDURE**

**[REVISED]** The Family Case Manager (FCM) will:

1. Make a determination as to whether an announced or unannounced visit to the home should be conducted;
2. Consider any risks associated with visiting the home relating to the safety of the FCM and the child. If significant safety risks are identified, assistance from LEA can be requested;
3. Seek permission to enter the home from an adult living in the home. If permission is denied, seek a court order and assistance from LEA to gain entry. See separate policy, [4.8 Entry into Home or Facility](#);
4. Exit the home immediately and without alarming the persons inside if at any time the FCM suspects the home may contain a meth lab. See [Indiana Drug Endangered Children \(DEC\) Response Protocol](#);
5. Discontinue the interview if at any point the FCM becomes concerned for his or her safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;
6. Examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe;

7. Examine the kitchen (refrigerator, cabinets, pantry, etc.) to verify adequate food supply;
8. Document the conditions of the home in writing; photograph any adverse conditions;
9. Add new allegations to the assessment report if concerns are noted during the assessment of the home environment; and
10. Complete an emergency removal of the child from the home if conditions are found that warrant such action. See separate policy, [4.28 Involuntary Removals](#) for further details.

## PRACTICE GUIDANCE

### **[REVISED] Announced and Unannounced Visits**

The FCM must decide whether or not to announce the visit for the home assessment based on the nature of the allegations and the need to protect the child. If there are CA/N allegations concerning the conditions of the home, it would be appropriate for the FCM to make an unannounced home visit.

Throughout the life of the case, unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, and maintaining an adequate food supply.

Announced home visits continue to be a valuable method of engaging and maintaining contact with families.

### **During a home visit, observe for potential indicators of domestic violence**

During each home visit, the FCM will observe for the following potential signs of domestic violence. If the FCM believes that domestic violence may be present, see separate policy, [4.10 Interviewing the Parent, Guardian, or Custodian](#).

1. Evidence of damage to property (i.e., holes punched in walls, doors ripped off hinges);
2. Evidence of the phone being ripped out of wall; telephone is broken, disconnected or missing;
3. Reluctance of adults/partners to be interviewed separately; one adult/partner answering questions for the other (i.e., not letting the other person talk);
4. One adult/partner appears emotional, nervous, or extremely uncomfortable and uncooperative while the other partner looks together and cooperative;
5. One adult/partner seems afraid of the other adult/partner;
6. Children being overly protective of one parent;
7. Pet abuse;
8. Visible injuries or injured areas hidden;
9. Flinching or signs of anxiety;
10. Use of dominating or intimidating body language;
11. Weapons are present in the home, weapons are openly visible or weapons are not secured;
12. Home not adequately accessible for a family member's disabilities;
13. Presence of guard animals, especially if family members exhibit fear of them; and/or
14. Home is in an isolated location.

### **[NEW] Safe Sleeping**

FCMs will talk to parents, guardians, and caregivers about safe sleeping for infants and will document the discussion in the Management Gateway for Indiana's Kids (MaGIK). Refer to the below information for safe sleeping guidelines:

1. Always place babies on their backs to sleep. The back sleep position is the safest;

2. In December 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (e.g. cribs that allow for the sides to be lowered and raised). These types of cribs should be avoided for children. See the following link for a picture of the new crib: <http://www.cpsc.gov/nsn/cribrules.pdf>;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on pillows, bean bags, quilts, sheepskins or other soft surfaces;
4. Keep soft objects and toys, and loose bedding, out of babies' sleep area. Do not use pillows, blankets, quilts, or pillow like crib bumpers in the sleep area and keep any other items away from the baby's face;
5. Keep babies' sleep area close to, but separate from, where you and others sleep. Babies should not sleep in a bed, on a couch, or armchair with adults or other children. They can sleep in the same room as you;
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult; and
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching, changing the direction that the baby lies in the crib from one week to the next, and avoiding too much time in car seats, carriers and bouncers.

More information can be found through:

1. [The American Academy of Pediatrics](#);
2. [Healthy Children.org](#);
3. [The National Institute of Health](#); and
4. [The DCS Website](#).

## FORMS AND TOOLS

N/A

## RELATED INFORMATION

### **General**

The purpose of the assessment of the home is to assess and evaluate conditions in the home that relate to the child's health and safety and/or assist in making a finding regarding the allegations.

### **[REVISED] Assessment of Risk**

Consider risk factors that may pose a danger to child safety or FCM safety. Examples include, but are not limited to:

1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;
3. Indications of mental illness, substance abuse, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (See related document, [Indiana Drug Endangered Child Response Protocol](#));
6. Family members that are criminal suspects and have outstanding arrest warrants; and
7. Dangerous pets and/or animals.

**[REVISED] Assistance from Law Enforcement**

Request assistance when any risk factors have been identified that could threaten the safety of the child, the FCM and/or other responders. See separate policy, [4.29 Joint Assessments](#).

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